



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

RECEIVED  
Missouri Breath Alcohol Program  
By Carol Day at 12:22 pm, Mar 09, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

|  |                                       |
|--|---------------------------------------|
| INTOXILYZER 5000 SN<br><u>66004992</u>   | DATE OF INSPECTION<br><u>03/05/10</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><u>1880 E 63<sup>rd</sup> St., Kansas City, MO 64130</u> | TIME OF INSPECTION<br><u>1900</u>     |
| CHECKLIST  |                                       |

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

|  |
|--|
| <input checked="" type="checkbox"/> DVM TEST: (.350 +/- .150) <u>.375 Passed</u>   |
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) <u>Passed</u>   |
| <input checked="" type="checkbox"/> CHARACTER DISPLAY TEST <u>Passed</u>   |
| <input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) <u>Passed</u>   |
| <input checked="" type="checkbox"/> TIME AND DATE <u>Passed</u>  |
| <input checked="" type="checkbox"/> CALIBRATION CHECK-<br>Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)<br><input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE<br><input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE<br>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) |

|  |                    |                    |                  |                   |                   |
|--|--------------------|--------------------|------------------|-------------------|-------------------|
| TEST 1 <u>.098</u>   | TEST 2 <u>.099</u> | TEST 3 <u>.099</u> |                  |                   |                   |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34° +/- .2°C) <u>34.0 Degrees Celsius Passed</u>  |                    |                    |                  |                   |                   |
| <input checked="" type="checkbox"/> PERFORM RFI TEST (PRINTOUT ATTACHED) <u>Passed</u>   |                    |                    |                  |                   |                   |
| <input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS) |                    |                    |                  |                   |                   |
| REFUSALS <u>9</u>  | 0-.04 <u>4</u>     | .05-.09 <u>0</u>   | .10-.14 <u>8</u> | .15-.19 <u>13</u> | Over .19 <u>6</u> |

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Breath instrument tested and certified within Missouri Department of Health guidelines.

Guth Laboratories Inc, Lot #9270, Expires 09/23/10, .10 Solution

|   |   |
|---|---|
| INSPECTING OFFICER  |   |
| SIGNATURE<br><u>P.O. Dawn Minor, 4898</u>                       | PRINT NAME<br><u>Dawn Minor</u>         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><u>920030 02/18/11</u> | TELEPHONE NUMBER<br><u>816-482-8142</u> |



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1207 percent (w/vol) ethyl alcohol. The expiration date for this lot number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

100-442810  
b6  
b7c

CHL - ONE TWO  
HILLMAN, ZACK - HILLMAN, ZACK  
no photo - 5000 - bill to 8054352  
03/03/2010

1934

```

FROM CHECK      EP50.23      PASSED
PWR CHECK      PASSED
TEMP CHECK      PASSED
PROCESSOR CHECK
  SYNC PULSE      PASSED
  SYNC SPEED      PASSED
  REG STABILITY    PASSED
  PDS STABILITY    PASSED
  REF RANGE      PASSED

```

PASSED

PRINTER CHECK  
ABCDEFGHIJKLMN OPQRSTUVWXYZ  
0123456789

FBI - New York  
 HUNTER, JEROME ALBERT  
 DOB: 01/01/1925  
 43/85/2010

| TEST       | KBAC | TIME  |
|------------|------|-------|
| AIR BLANK  | .000 | 19:28 |
| CAL. CHECK | .000 | 19:28 |
| AIR BLANK  | .000 | 19:28 |
| CAL. CHECK | .000 | 19:29 |
| AIR BLANK  | .000 | 19:30 |
| CAL. CHECK | .000 | 19:30 |
| AIR BLANK  | .000 | 19:30 |

NO RFI PRESENT

64-66-66493X  
E/35, 23

65: 65, 2514  
13: 14

[illegible]

### LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

SUBJECT NAME

### LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DAWN MINOR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/18/09  
Number 920030  
Expires 02/18/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)